U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - /3633		2. Fiscal Year Covered From:	2. Fiscal Year Covered From:		
ŕ		1 / 1 / 2004 Thro	ugh: 12 / 31 / 2004		
Name and adcress of person filing.		4. Name, file number, and address of labor organization.			
Name Sal	Santamorena	Name IUOE Local 137 Labor Organization File Number 139	4679		
P.O. Box, Bldg., Room No., if any		P.O. Box, Building and Room Number, if	fany		
Street 1360 Pleasantville Road		Street 1360 Pleasan:ville Road			
City Briarcliff Manor		City Briarcliff Manor			
State New York	ZIP Code + 4 10510	State New York	ZIP Code + 4 10510		
5. Position in labor organization.	Bus Agent & Corres. Rec. Se	ecry			

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transa monetary value from an employer who	nctions (including loans) with, se employees your organiz	or derived income or other economic benefit of ation represents or is actively seeking to represent.
6. Name and address of Employer (including	trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
		7.b. Amount.
Street		
City		
State	ZIP Code + 4	

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information
submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the
undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

		. //		
Signed	Jan _	You	102	uoreno

on 8/12/05

914-762-0600

Date

Telephone Number

,	
Name of Person Filing Sal Santamorena	File Number U-
B. Held an interest in or derived income or economic benefit with monetar substantial part of which consists of buying from, selling or leasing to, or or of an employer whose employees your labor organization represents or is (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organization.	therwise dealing with the business actively seeking to represent, or or indirectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with
Name IUOE Local 137 WELFARE FUND Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1360 Fleasantville Road City Briarcliff Manor State New York ZIP Code + 4 10510	a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name	11.a. Nature of such dealing.
Trade Name, if ɛny: P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate collar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	As a trustee of the Welfare Fund I went to a Trustee luncheon paid for by the Welfare Fund.
	12.b. Amount. \$73
C. Received from any employer (other than an employer covered or from any labor relations consultant to an employer any payment of more also and address of Employer or Labor Relations Consultant	

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).		14.a. Nature of payment.	
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State	ZiP Code + 4		
13.b. Is the Business an Employer	or Consultant ?	14.b. Amount of payment	····